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TO: Behavioral Health Advisory Board (BHAB)

FROM: Nadia Privara Brahms, MPA, Director, Behavioral Health Services

BEHAVIORAL HEALTH SERVICES (BHS) DIRECTOR'S REPORT – August 2026

Leadership & Governance Updates

BHS Transitions to a Standalone Department
On July 1, 2026, Behavioral Health Services (BHS) formally transitioned to a standalone County department, completing the structural realignment authorized by the Board of Supervisors in 2025. This transition establishes BHS as an independent organizational entity responsible for administering the County's specialty behavioral health plan, fulfilling State and federal regulatory requirements, and overseeing core functions including mental health services, substance use services, Lanterman-Petris-Short conservatorship administration, Community Assistance, Recovery, and Empowerment (CARE) Act implementation, and Public Conservator responsibilities. This structural shift aligns governance, staffing, and operational authority with the complexity of current behavioral health mandates and the demands associated with the State's Behavioral Health Transformation initiative.

BHS holds a distinct role within the County as the specialty behavioral health plan for Medi-Cal beneficiaries with serious mental illness and substance use disorders. As the payer for services delivered through the Specialty Mental Health Plan and Drug Medi-Cal Organized Delivery System, the department is required to maintain network adequacy and ensure timely access to care. To meet growing system demands, the department is strengthening utilization management, care management, network administration, and financial oversight, while shifting from a program-driven model to a person-centered approach that emphasizes improved outcomes and long-term system sustainability.

Since becoming a standalone department, BHS has begun implementing targeted operational improvements to enhance network capacity, modernize information and data systems, and advance core health plan functions. Early actions include standardizing administrative processes, improving oversight of contracted providers, and expanding care coordination efforts. These changes support more efficient decision-making, enable strategic investment in service gaps, and improve readiness for State accountability and reimbursement reforms. BHS will continue refining departmental operations, strengthening system integration, and advancing person-centered service delivery to ensure accessible, equitable behavioral health care for all residents of San Diego County.

Behavioral Health Services Act (BHSA) Integrated Plan
The Board of Supervisors approved the region's first Behavioral Health Services Act (BHSA) 2026-2029 Integrated Plan on June 9, 2026, and took effect on July 1, 2026. The plan establishes a

three-year roadmap for allocating state behavioral health funding across mental health services, substance use treatment, and housing support for individuals with serious behavioral health needs. BHSA was created by Proposition 1, passed by voters in 2024, replacing the former Mental Health Services Act (MHSA) and introducing new statewide requirements for planning and funding allocation. BHS conducted more than 100 community engagement activities involving over 1,900 participants, including representatives from more than 280 organizations, and received more than 300 formal public comments on the draft plan. Together, these efforts shaped San Diego County's first BHSA Integrated Plan, reflecting community-driven priorities and needs. BHSA funding categories include Behavioral Health Support Services, Full-Service Partnerships, and Housing Interventions, establishing a structured approach for applying BHSA resources across the state.

Programs & Service Delivery Updates

Full Service Partnership Intensive Case Management

In alignment with BHSA implementation effective July 1, 2026, the current Strengths-Based Case Management (SBCM) programs will transition to Intensive Case Management (ICM). This shift ensures compliance with Full Service Partnership (FSP) requirements outlined in BHSA and reflects the Department's commitment to strengthening coordinated, recovery-oriented services across the system of care. ICM, defined within the BHSA FSP framework as a Level 1 service, provides community-based, multidisciplinary support to individuals with significant behavioral health needs who do not require the higher intensity associated with Assertive Community Treatment (ACT). ICM is designed for individuals with serious mental illness, substance use, or co-occurring conditions who experience moderate to significant functional impairments and periodic or moderately high service needs.

The ICM model aims to promote stabilization in the community, reduce the risk of psychiatric hospitalization, homelessness, and justice involvement, and serve as either a step-down from ACT or an alternative intervention that prevents escalation to ACT-level care. ICM teams deliver a comprehensive set of services, including assessment, treatment planning, crisis intervention, medication support, psychosocial rehabilitation, peer support, and linkages to additional services. Team composition may include prescribers, nurses, peer specialists, and other qualified staff, with caseloads and service intensity tailored to individual acuity. These expectations and service components are consistent with DHCS requirements outlined in the BHSA Policy Manual.

The transition from SBCM to ICM also incorporates a planned 50% increase in service capacity for this level of care. This expansion is achieved by embedding step-down ICM within each ACT program, expanding the North Region ICM program, and launching a new ICM program serving the Central, North Central, and East Regions.

New Medi-Cal Evidence Based Practice: BH CONNECT Assertive Community Treatment

San Diego County has over 20 years of experience delivering ACT services, a proven, community-based model designed to support individuals with serious mental illness. Under the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) initiative, ACT is now designated an Evidence-Based Practice (EBP) with enhanced oversight by a DHCS identified Center of Excellence. The University of California, Los Angeles (UCLA) Public Mental Health Partnership (PMHP) has been selected as the official Center of Excellence for ACT and Forensic ACT, providing specialized training, technical assistance, and fidelity monitoring to reinforce program quality and consistency across the region.

Through this collaboration with UCLA PMHP, San Diego's ACT programs are poised to benefit from a statewide framework for professional development and service delivery. UCLA's Center of Excellence offers a comprehensive training regimen including live instruction, self-paced modules, and continuity-

focused technical assistance, grounded in recovery-oriented, trauma-informed, and systems-aware care models.

By integrating UCLA's oversight and support, our ACT teams will enhance their capacity to maintain high fidelity to the model, improve client engagement and recovery outcomes, and contribute to statewide learning and continuous improvement under the BH-CONNECT framework.

Assertive Field-Based Initiation of Substance Use Treatment with Medications for Addiction Treatment (MAT) Using Targeted Outreach (AFBI-TO)
BHS continues to expand access to substance use disorder (SUD) treatment, including Medications for Addiction Treatment (MAT), for individuals experiencing opioid, alcohol, and stimulant use disorders. While traditional treatment settings remain essential, many individuals at highest risk of overdose remain unengaged in care. Assertive Field-Based Initiation (AFBI) addresses this need by proactively engaging individuals in community settings and offering voluntary, low-barrier access to MAT and other SUD treatment services.

Consistent with the implementation of the BHSA, counties are required to establish assertive field-based initiation programs that provide rapid access to MAT and connect individuals to ongoing treatment and recovery services. Using a "no wrong door" approach, outreach is conducted in community-based settings where individuals are most likely to be reached, including streets, shelters, homeless encampments, wellness centers, syringe service programs, and other accessible community locations.

To support BHSA implementation, BHS established a data-informed targeted outreach pilot within the Family Health Centers Solutions to Recovery Central program. The pilot is designed to identify and proactively engage BHSA-eligible individuals with SUD treatment needs and connect them to appropriate services, including MAT when clinically indicated. The initiative also includes a partnership with Population Health to utilize ODMaps overdose surveillance data to help prioritize outreach efforts in areas of greatest need.

System Capacity, Capital & Infrastructure

Children's Crisis Residential Care
The Children's Crisis Residential Care (CCRC) Facility at 9400 Ruffin Court is moving into early construction activities. This is an "up to 16 bed" residential program that will provide a stabilizing, family centered environment for youth who need short term behavioral health support. Multi agency collaboration between BHS and Child & Family Well Being continues to guide project development, procurement, and operational planning. A CCRC Groundbreaking Ceremony is planned for Tuesday, August 25, 2026, from 9:00 AM - 11:00 AM, in coordination with County Department of General Services and partner agencies. This ceremony will mark a major milestone in expanding the County's continuum of care for children and adolescents.

Community Engagement, Public Participation & Partner Coordination

Suicide Prevention Council
BHS supported the Suicide Prevention Council's 14th Annual Stakeholder Meeting on June 23 by providing preliminary 2025 suicide surveillance data, presented by Brittany Wood. The Epidemiology team developed the initial data snapshot to inform countywide suicide prevention efforts and is continuing to analyze additional data for a comprehensive suicide surveillance report anticipated for release in early 2027.

Binge and Underage Drinking Initiative
BHS supported the Binge and Underage Drinking Initiative's at the annual Learning Luncheon on June 12 by providing alcohol-related surveillance data and participating in the event. The Epidemiology team's data helped inform discussions on local alcohol use trends and supports ongoing community prevention planning and public health strategies.

BHS Community Engagement Impact Fiscal Year (FY) 2025-26
During the last fiscal year, the department directly supported a wide range of community activities including:

- 436 total community events
- 300 tabling events
- 70 requests for materials or resources
- 66 presentation requests
- 47,847 community members reached
- 55,064 informational resources distributed

These activities were made possible through the work of BHS' Community Health Workers, who led most outreach efforts. Events reflected what community members asked for, more opportunities to learn about behavioral health, available services, department updates, and relevant legislation such as the BHSA. Engagements also provided space for residents to speak directly with BHS staff, stay informed, and share feedback about their behavioral health needs.

Upcoming Engagements
In August, the department will participate in several community events across the region:

- **National Night Out**
  This annual event is expected to reach about 800 community members. It brings residents, community organizations, and public safety partners together to strengthen relationships, raise awareness of local resources, and encourage community involvement.
  Date/Time: August 4, 2026, 5:00 PM – 7:30 PM
  Location: Robert Egger Sr. South Bay Recreation Center

- **Family Safety Day**
  Family Safety Day is a free, family-friendly event that gathers local safety organizations and community members for a morning of learning and connection. Attendees can enjoy hands-on activities, emergency vehicle displays, interactive demonstrations, and special guest appearances. Attendance is expected to exceed 500 participants.
  Date/Time: August 15, 2026, 10:00 AM – 1:00 PM
  Location: 2931 Camino Del Rio N, San Diego, CA
  For more information, please visit: https://familysafetyday.com

- **3rd Annual Tribal Response Conference**
  Hosted by Indian Health Council, Inc., this two-day conference focuses on strengthening culturally responsive crisis care through the use of 988 and local support services. It brings together tribal community members, partners, and providers to share knowledge and enhance crisis response efforts.
  Date/Time: August 26–27, 2026, 8:00 AM – 5:00 PM
  Location: Pala Casino Event Center
  For more information, please visit: https://www.indianhealth.com/post/3rd-annual-988-tribal-response-conference

Ongoing Community Engagement During BHSA Implementation
Now that BHSA is in effect, BHS will continue engaging community members and partners to monitor implementation progress, identify challenges, and inform ongoing improvements. Community Planning Process (CPP) learnings established a foundation for plan development, and engagement will remain active throughout implementation of the approved three-year Integrated Plan. An ongoing cycle of listening, implementing, and reporting ensures community perspectives continue to inform system coordination and future updates to the Integrated Plan.

To promote continuous discussion, BHS is establishing Behavioral Health Optimal Care Collaboratives (OCCs). These collaboratives will provide recurring opportunities for community members, people with lived experience, providers, and system partners to participate in discussions aligned with statewide BHSA Goal Areas. OCCs will help share implementation updates, strengthen collaboration, and identify opportunities to improve coordination across the behavioral health system. Together with continued participation in community-led meetings and partnerships with community-based organizations, OCCs will add a broader stakeholder engagement approach designed to ensure diverse community input continues to guide BHSA implementation and future planning.

As implementation progresses, BHS will share meeting schedules, participation opportunities, and other stakeholder engagement information through the BHS Community Engagement website and other BHS and County communication channels. The BHS Community Engagement website is available at the following link:
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/engagement.html.

Healthy San Diego Collaborative Structure and Coordination
Healthy San Diego, established in 1994 to monitor Medi-Cal managed care issues and other health care delivery matters under California Welfare and Institutions Code Section 14098.05, operates as a collaborative involving managed care plans, the County of San Diego, direct service providers, community-based organizations, and advocates. The Healthy San Diego Consumer and Professional Advisory Committee advises the County of San Diego Health and Human Services Agency Deputy Chief Administrative Officer, with membership representing consumers, professionals, and advocates. Through the Geographic Managed Care model, the collaborative supports coordinated work across all four managed care plans and provides oversight of the County–Managed Care Plan Memorandum of Understanding, ensuring alignment on shared priorities and joint operational efforts. Additionally, Healthy San Diego supports the Behavioral Health Workgroup and the Quality Improvement Workgroup to advance improvements, coordination, and collaboration across specialty mental health and substance use disorder services.

Workforce & Capacity- Building Initiatives

ELEVATE Workforce Fund Update
The ELEVATE Behavioral Health Workforce Fund advanced several key implementation milestones this past fiscal year, which included completion of initial program design, launch, early implementation, and baseline data collection for ongoing assessment. A technical meeting with the program administrator, the Policy and Innovation Center, and subcontractors Social Finance and Trailhead Strategies, was held to review performance across all program components, assess preliminary data for the Pay-It-Forward Loan and Upskilling programs, evaluate the Incumbent Worker Retention Benefit, and determine timelines for sharing operational data with stakeholders. In addition, the Fall 2026 student loan funding cycle is underway, with Point Loma Nazarene University and National University added as educational loan partners and additional institutions expected to join.

Recognition & Achievements

2026 BHS National Association of Counties Achievement Awards
On June 17, 2026, the National Association of Counties (NACo) announced the results of its Achievement Awards Program, recognizing innovation, excellence, and public service initiatives nationwide. BHS is pleased to announce four programs received NACo awards. Congratulations to the staff noted below for their leadership and perseverance in building out these services. Congratulations to all NACo winners!

- **Next Move: Specialty Mental Health Services for Justice Involved Youth** in the category of *Children and Youth* led by Fran Cooper with Dr. Cardenas-Wallenfelt, Kenia Urrutia, and Leah Nelson, under the leadership of Deputy Director Programs and Services Juvenile Forensic Services Yael Koenig. This specialized community-based outpatient program provides behavioral health services to youth up to age 21 who have been involved with the justice system or are at risk of justice involvement. The program is available countywide and prioritizes youth who are transitioning out of a juvenile detention facility, with a focus on developing coping skills and independence.
- **Revive Pathway** in the category of *Health* led by Deputy Director Programs and Services Cara Evans-Murray, Maria Morgan, and Alfie Valdes. A Narcotic Treatment Program (NTP), Revive Pathway has been providing services to underserved individuals with Opioid Use Disorder in the San Diego County since September 2023, and is unique among our system of care's NTPs as the only Indian Health Care program and entity wholly owned by the Viejas Band of the Kumeyaay Indians. This program demonstrates BHS' commitment to partnering with our local tribal communities to develop programming and services to best meet the needs of our diverse community.
- **Equity in Action: Innovative Data Tools for Transforming Behavioral Health** in the category of Planning. In 2021, BHS began this collaborative, multidisciplinary effort in partnership with UCSD, and involving teams from Population Health (Kim Work and Liz Miles), Programs and Services (Kim Pauly, Phuong Quach, and Jessica Elkind), and Data Science (Tatjana Tomic and Derek Kemble), to create *Innovative Tools for Data-Informed Planning* which aims to expand access to services for diverse populations and improve service quality by embedding equity in community care. This innovative approach has the following three components: a) Public Facing Dashboards, b) An Equity Index identifying communities at greatest risk of behavioral health inequities, and c) an Internal Service Planning tool to guide data-informed program design and planning efforts.
- **Mobile Crisis Response Team (MCRT) Expansion to Schools and Tribal Areas** in the category of *Criminal Justice and Public Safety* led by Alisha Eftekhari and Kameka Smith, under the leadership of Deputy Director Programs and Services Crisis and Care Management Dr. Piedad Garcia. The MCRT Program is a countywide service that offers an alternative response option for people of any age experiencing a mental health or substance use-related crisis. Non-law enforcement MCRTs respond, assess, and de-escalate behavioral health crises in the community. In November 2024, MCRTs rolled out behavioral health crisis response to charter schools, adult schools, and public-school districts (grades K-12) and in late 2025, MCRTs expanded response to Tribal communities to include the La Posta reservation and Campo reservation (in addition to the Viejas reservation and its affiliated areas, which went live in 2023).

***Scoop From You(th) Challenge: Piece of Mind* Award Ceremony**
On June 27, the 2025-2026 *Scoop From You(th) Challenge: Piece of Mind* Award Ceremony recognized the accomplishments of nine young adult artists who conveyed their mental health experiences through drawings, songs, video animations, and poetry. This biennial challenge is hosted by BHS to help reduce mental health stigma, foster supportive networks, and empower participants

and their peers to seek help and access available resources. Awards were presented to the winners in acknowledgment of their creativity, courage, and impact. The digital award ceremony booklet, featuring this year's winning submissions, will be posted soon on the *Live Well San Diego* webpage at the following link: https://www.livewellsd.org.

Looking Ahead

Behavioral Health Investments FY 2026-2027
The San Diego County Board of Supervisors has adopted a balanced $9.16 billion budget for FY 2026–2027, which includes $1.4 billion dedicated to behavioral health services. This investment supports programs across the full continuum of care, including housing interventions, residential and long-term care, adult substance use treatment, workforce development, community engagement, crisis and wellness services, behavioral health facilities, and child and youth programs. These allocations reinforce BHS's role as the County's specialty behavioral health plan and strengthen system capacity, access, and service quality for residents across the region.

Respectfully submitted,

Nadia Privara
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